

EXHIBIT E

**INMATE/PAROLEE
APPEAL FORM**
CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

NOV 28 2006

Category

1. CTF-C

106-03404

8-8

2.

2.

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Cleveland	M-60545		

A. Describe Problem: ON-10-10-06" INMATE Cleveland had a DUCAT TO THE DENTIST, TO ANSWER SECOND LEVEL 602 - GREIVANCE, FIRST LEVEL WAS GRANTED? TIME FOR DUCAT 07:30, BREAKFAST FOR F-WING ON DAY IN QUESTION WAS AT 6:45" INMATE TRIED TO GO EAST BOUND AT 0700 OFFICERS WOULD NOT LET INMATE Cleveland GO TO A 7:30 DUCAT AT 7:00. HE WAS SENT BACK TO his WING AND WAS TOLD TO LOCK IT UP UNTIL WORK CAT. WHICH WAS 8:00. SEE-ATTACH-PAGE:

B. Action Requested: This INMATE has been patiently waiting and trying to get his mouth repaired. That Dr. Nesien and OR INSTITUTION BE ORDERED TO PAY INMATE Cleveland IN THE AMOUNT OF \$10,000, FOR PAIN/AN SUFFERING. SEE ATTACH. INMATE/Parolee Signature: *[Signature]* Date Submitted: 10-11-06

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

BYPASS

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification change, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

BYPASS

Signature: _____

RECEIVED

Date Submitted: _____

Note: Report of Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number: _____

OCT 18 2006

NOV 28

06-03404

CTF APPEALS

CTF APPEALS

First Level ☐ Granted ☒ P. Granted ☐ Denied ☐ OtherE. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: OCT 18 2006Due Date: DEC 4 2006

Interviewed by: _____

Staff Signature: [Signature]Title: SSADate Completed: 11/27/06Division Head Approved: [Signature]

Returned

Signature: [Signature]Title: CDODate to Inmate: NOV 28 2006

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____

Due Date: _____

☐ See Attached Letter

Signature: _____

Date Completed: _____

Warden/Supintendent Signature: _____

Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other☐ See Attached Letter

CDC 602/12/87)

Date: _____

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CORRECTIONAL TRAINING FACILITY - SOLEDAD

Memorandum

Date: November 27, 2006

To: CLEVELAND, H60545

Subject: **CTF APPEAL LOG # CTF-C-06-03404**
FIRST LEVEL RESPONSE

ISSUE: Your CDC 602 indicates that October 10, 2006 you had a ducat to the dentist to answer the 2ND Level of a CDC 602. You state that you tried to go East bound and the officers would not let you go your ducat and you were sent back to your wing. You state that you have been patiently waiting for your dental repairs. You are requesting that Dr. Nassir and CTF pay you \$10,000.00 for pain and suffering.

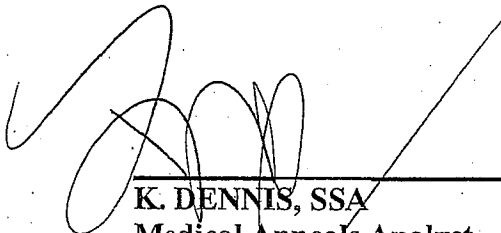
APPEAL RESPONSE: Your request for \$10,000.00 is beyond the scope of medical appeals.

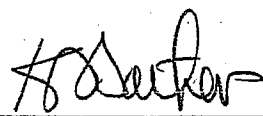
CTF Dental cannot address your concerns with custody not letting you go to your ducat. You must address these concerns with custody.

You were re-ducated November 6, 2006 at 1330 hours per Dr. Nassir.

APPEAL DECISION: Your First Level appeal has been **partially granted** in accordance with the policy and procedures as set forth in CCR Title 15 and DOM.

If you are dissatisfied with this decision, you may appeal to the Second Formal Level by completing Section "F" of your CDC 602 form, and submitting it to the Institution Appeals Office within 15 days of the receipt of this response.



K. DENNIS, SSA
Medical Appeals Analyst
CTF - Soledad

KYLE B. SATHER, DDS
Chief Dental Officer
CTF - Soledad